Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Newsom for California Governor 2022			Date of This Filing10/31/2022	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER () -	I.D. NUMBER (if applicable) 1414018		Report No. 544726-VG		For Official Use Only		
STREET ADDRESS			Amendment to Report No.	Page 1 of 3			
CITY Sacramento	STATE CA	ZIP CODE 95814	(explain below) No. of Pages 3				
	_						

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/29/2022	Richard Guggenhime San Francisco, CA 94108	IND COM OTH PTY SCC	Attorney Perkins Coie	\$4,000.00
10/28/2022	David James III Humble, TX 77338	IND COM OTH PTY SCC	Not Employed n/a	\$1,000.00
10/28/2022	William Newsom San Francisco, CA 94115	IND COM OTH PTY SCC	Attorney Pearson, Simon, Warshaw & Penny	\$1,000.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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STREET ADDRESS			Amendment to Report No.	Page 2 of 3			
CITY Sacramento	STATE CA	ZIP CODE 95814	(explain below) No. of Pages 3				
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/28/2022	Elizabeth R. Varet New York, NY 10128	IND COM OTH PTY SCC	Partner W.R. Family Associates	\$1,000.00
10/29/2022	Anne Wojcicki Los Altos, CA 94022	IND COM OTH PTY SCC	Executive 23andMe	\$32,400.00
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		

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STREET ADDRESS						I	Page 3 of 3		
CITY Sacramento		STATE CA	ZIP CODE 95814	(explain below) No. of Pages	3				
Late Contr	ibution(s) Made								
DATE FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		N	AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC